

CXR 10^x (3)

ON THE DISCOVERY OF LEUCOCYTHEMIA

BY

PROFESSOR BENNETT OF EDINBURGH.



PROFESSOR KÖLLIKER of Wurzburg, (in Month. Journ. of Med. Science, Oct. 1854), laid before the English medical public the history of the discovery of Leucocythemia, as it is understood in Germany, from the representations of Professor Virchow. The following is my reply:—

It is said by Professor Kölliker that the first observations on this subject occur in the year 1845, and take their origin from a case of disease by Dr. Craigie. Now, the fact is, that Dr. Craigie's case occurred in 1841; and it is admitted by Dr. Craigie himself that it would not have been published even four years afterwards but for the occurrence of mine. He says, "I kept it unpublished from the period at which it took place; and it is published at this time, chiefly because of the occurrence of a case in many, if not in all, respects similar to another physician in the same hospital, led me to anticipate similar results, and went far to confirm my conclusions deduced from the first case."—*Edin. Med. and Surg. Journ.*, vol. lxiv. p. 462.

Professor Kölliker takes great pains to show that Dr. Craigie and myself held the same opinions as to these cases, and that in mine, which followed his, "nothing further was elucidated." On the other hand, he says Professor Virchow was the first to point out that "no signs of inflammation in the veins were any where discoverable," etc. Now, exactly the contrary of this is the fact. Dr. Craigie put forth two possibilities as to the cause of the blood disorder. 1st. He says, "It is barely possible that some *inflammatory action* had taken place in the tributary or constituent veins of the mesenteric trunks; and that the *purulent matter and lymph thus formed* had been conveyed into their interior with the blood, and thence into the *vena cava*, heart, and vessels of the brain." 2d. He says, "Another opinion occurred to me, however, as more probable, and which various circumstances in the case induced me to regard as the most correct. Considering that the spleen had been for some time, that is, for several weeks, in a state of *chronic inflammation*, and taking into account the large vessels with which this organ is connected to other organs, it appeared to me that this *inflammatory process*, which had been continuing so long without abating, subsiding, or being subdued, was at length beginning to give rise to the formation of lymph and purulent matter, and that these substances, as they were formed, were immediately taken into the veins, and thus circulating with the blood, gave rise to the peculiar assemblage of symptoms which the patient presented during the few days preceding his death." (P. 409.) From these extracts it must be clear that Dr. Craigie considered the blood disease as secondary, and dependent on the absorption of pus from an inflammatory lesion either in the mesenteric veins or spleen.

The view taken up by myself was wholly different, viz., that the blood disease was primary, originating in that fluid itself, altogether independent of local inflammation, and especially unconnected with inflammation of the veins. This will appear from the following extracts from my paper:—"In the present state of our knowledge, then, as regards this subject, the following case seems to me particularly valuable, as it will serve to demonstrate the existence of true pus formed universally within the vascular system, *independent of any local purulent collection from which it could be derived.*" (Pp. 413, 414.) And again, "Pus has long been considered as one, if not the most characteristic, proof of proceeding acute inflammation. But in the case before us, what part was recently inflamed? *There was none.* Piorry

2. PROFESSOR VIRCHOW.—Confirmation of the preceding facts, but the corpuscles said to be an increase in the colourless cells of the blood. New cases, and especially one of great value, in which a similar condition of the blood was associated with enlargement of the lymphatic glands without hypertrophy of the spleen. Origin of the colourless cells attributed to the lymph glands; proposed name of leukhemia or white blood.

3. PROFESSOR BENNETT.—Systematic view of the whole subject. Additional facts and cases, with chemical analyses of the blood. Doctrine that the lymphatic and other ductless glands secrete the blood; proposed name of leucocythemia or white-cell blood, and the relation of this disease to other pathological conditions, and to practical medicine, pointed out.

From this view of the case, it will be seen that although I claim the discovery of leucocythemia, and have given it the correct scientific name it bears, I am far from undervaluing or wishing to hide Professor Virchow's contributions to its pathology—whereas he, in order to make it appear that the origin as well as development of the whole subject are due to himself, has not hesitated to give, and circulate in Germany, the most erroneous and partial accounts of my facts and views.

Since the above statement was published, Professor Virchow has continued not only to repeat his former errors, but to assert that his case, published at least six weeks after mine, was, in fact, the first one. Thus in his "Gezammelte Abhandlungen," dated 1856, he says, p. 155—"About the same time that my case was published, two other cases were made known in Edinburgh," etc. He then goes on to detail them, observing, "Case 1, *observed by me*; Case 2, by David Craigie; Case 3, by John Hughes Bennett." Thus distinctly claiming for himself priority in observation. In the same manner, Vogel, in giving a report in Canstatt's *Jahrbücher* of the progress of Medical Science in 1852, part 3, on special and local pathology, puts, 1st, Virchow's paper from the Archives, vol. v.; 2dly, my papers in the Monthly Journal; and 3dly, my separate work. Yet what are the dates of these publications? My papers appeared in 1851, with the first chemical analyses of the blood made by Dr. W. Robertson. My separate work is dated March 1852, and Virchow's paper, with the chemical analyses by Professor Scherer, is dated August 1852!

The French writers on this subject have declared the term leukhemia to be faulty, and adopted that of leucocythemia. Leudet,* Vidal,† and Schnepf‡ have followed the representations of Virchow, and, in a professed historical sketch, have stated that his and my cases appeared *about* the same time. As if six weeks was not more than a sufficient period for the Edin. Med. and Surg. Journal to reach Berlin, and to be placed on the library table of the Royal Library there, where it might have been seen by such readers of English medical literature, as Virchow undoubtedly is, long before the latter published his note, in the 2d November number of Forcier's *Notizen*. Schnepf (who is evidently unacquainted with my writings, and has only seen the short resumé I presented to the Biological Society of Paris in 1851, at the request of my friend M. Lebert), represents Virchow's case as occurring in March, and mine in October 1845. That is, he gives to Virchow's case the date at which mine was investigated in Edinburgh, five months before the latter occurred! The real dates are as follows:—

	Observed.	Published.
1st Case.....	Prof. Bennett.....	March 19th, 1845.....
2d Case.....	Prof. Virchow.....	August 1st, 1845.....
3d Case.....	Dr. Fuller	Decem. 31st, 1845.....
		July, 1846.

Dr. Craigie's case must obviously be placed amongst those that occurred long before the discovery of leucocythemia was made, although on looking back upon it one can have no doubt that it was an example of the disease similar to a very excellent one published by Duplay, in the Archives Gén. de Médecine, 2d series, vol. xxxvi. p. 223, 1834; or the one which occurred to M. Barth in 1836, but was only published in 1856 by Vidal, when the subject was fully known.

* Gazette Hebdomadaire, 27 Juillet 1855.

† *Idem*, 15 Février 1856.

‡ Gazette Médicale de Paris, 5 Avril 1856.

